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ORIGINAL ARTICLE

**Intellectual disability and sexuality: Attitudes of disability support
staff and leisure industry employees**

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Abstract

Background The attitudes of support staff and others in the community towards the sexuality of individuals with an intellectual disability (ID) have the potential to influence opportunities for normalised life experiences in the area of sexuality.

Method A sample of 169 disability support staff and 50 employees from leisure and services industries completed the *Attitudes to Sexuality Questionnaires (Individuals with an Intellectual Disability [ASQ-ID]*, and *Individuals from the General Population [ASQ-GP]*).

Results Support staff and leisure workers reported generally positive attitudes towards the sexuality of individuals with an ID, but men were seen as having less self-control than women. Support staff were more cautious in their views about parenting, and both groups considered a lower level of sexual freedom to be desirable for women with an ID compared to women who are developing typically.

Conclusions Attitudes of both groups are generally quite positive in relation to ID and sexuality.

Keywords: *attitudes, sexuality, parenting, intellectual disability, ASQ-ID*

Introduction

Over the past few decades, there has been increasing support for individuals with an intellectual disability (ID) to access normalised life experiences in relation to housing, employment, and recreation. The area of sexuality has received much less support (Scotti, Slack, Bowman, & Morris, 1996), partly due to its complex and controversial nature (Mirfin-Veitch, 2003). People with an ID are often largely dependent on others for the amount and type of information they receive about sex (Bazzo, Nota, Soresi, Ferrari, & Minnes, 2007), and opportunities to form intimate relationships are often restricted, either by parents, who tend to view their children within the innocence paradigm (Brown, 1994), or by support staff, who may be hesitant about offering support in the area of sexuality (Jurkowski & Amado, 1993).

Attitudes towards the sexuality of individuals with an ID have been examined from a number of perspectives. Most research has considered the attitudes of parents and disability support workers (Bazzo et al., 2007; Brantlinger, 1992; Brown, 1994; Christian, Stinson, & Dotson, 2001; Cuskelly & Bryde, 2004; Heyman & Huckle, 1995; Murray & Minnes, 1994; Oliver, Anthony, Leimkuhl, & Skillman, 2002; Owen, Griffiths, Feldman, Sales, & Richards, 2000; Wolfe, 1997). These studies have shown that parents tend to hold more conservative views about sexuality and ID (Brown, 1994; Cuskelly & Bryde, 2004), while support staff have moderately liberal attitudes (Bazzo et al., 2007; Cuskelly & Bryde, 2004). Parenting by individuals with an ID is generally viewed more cautiously than other aspects of sexuality (Brantlinger, 1992; Cuskelly & Bryde, 2004; Wolfe, 1997).

While the attitudes of caregivers and support workers are important because of their potential for direct influence, more subtle attitudes towards sexuality and ID within the general population are also relevant because they are a reflection of the

community's level of awareness, acceptance, and supportiveness for people with ID in relation to this aspect of life. In two Australian community samples, generally positive attitudes have been reported (Cuskelly & Bryde, 2004; Cuskelly & Gilmore, 2007). Consistent with findings from studies of those with a direct role in the lives of individuals with an ID, Cuskelly and Gilmore found that community attitudes towards parenting were less positive than for other aspects of sexuality, although this difference was not evident in the Cuskelly and Bryde study.

In general, research has found that males and females have similar attitudes towards sexuality and disability (Cuskelly & Bryde, 2004; Cuskelly & Gilmore, 2007), but there are differences according to respondent age and education. Among parents, support staff, and members of the general community, older people consistently hold more conservative attitudes than do younger people (Brantlinger, 1983; Cuskelly & Bryde, 2004; Cuskelly & Gilmore, 2007; Murray & Minnes, 1994; Oliver et al., 2002), and higher levels of education are associated with more liberal views (Brantlinger, 1983; Murray, MacDonald, & Levenson, 1999; Murray & Minnes, 1994; Oliver et al., 2002).

Cuskelly and Gilmore (2007) considered differences in community attitudes towards male versus female sexuality, and towards typically developing people compared to those with an ID. Despite hypothesising that males with an ID might be seen as sexual deviants and females as sexual innocents, they found few differences in perceptions of male and female sexuality. However, attitudes towards sexual freedom were less positive for individuals with an ID than for typically developing adults. These differences in attitudes have not been examined in disability support workers or parent groups.

Given the potential influence that attitudes have on opportunities for normalised life experiences in relation to sexuality, more research is needed within the general community. In particular, the attitudes of those who are likely to encounter people with ID in the course of their employment in leisure and service industries are important. Friendships and intimate relationships frequently develop and are maintained within community leisure settings. In these social environments, lack of acceptance and inappropriate verbal or nonverbal feedback has the potential to limit opportunities for people with an ID to form relationships and to experience positive feelings about their own sexuality (Craft, 1994). Compared with caregivers and professionals, these workers may be more likely to hold attitudes about disability and sexuality that are derived from their experiences with only a few individuals or from stereotypes observed in the media.

The present study examined attitudes in a sample of disability support staff, with a particular focus on aspects not previously examined in studies of support workers—sexuality of individuals with an ID compared to typically developing individuals, and gender of the individual with an ID. Attitudes of those who were working in non-disability specific settings but who were likely to come into contact with persons with ID in those settings were examined in a sample of leisure and service industry employees.

Method

Participants

The participants comprised two separate groups that differed in recruitment method, age, and gender distribution. The first group consisted of 169 support staff (69% female) who were currently working with adults with an ID. In the second group,

there were 50 employees (88% female) from leisure and services industries who were likely to encounter adults with an ID during the course of their employment. Table 1 provides data on the age distribution in the two groups.

<Please insert Table 1 about here>

Disability support workers were recruited through a non-government organisation that offers accommodation, supported employment, and activities for adults with intellectual disability in the State of Queensland, Australia. In total, 1,200 questionnaires were distributed to support staff within the organisation and 169 completed questionnaires were returned, accounting for 14% of those distributed. Leisure workers were recruited through their places of employment in the city of Brisbane. The researchers approached leisure and service industries (i.e., cinemas, bowling alleys, retail stores, fast food eateries, restaurants and cafes, hair and beauty therapy services, public transport operators, libraries, bars, hotels, and clubs) and determined their willingness to distribute questionnaires to their employees. Of the 141 questionnaires that were delivered to 17 places of employment, 50 completed questionnaires were returned, a response rate of 35%. The 50 respondents were categorised as belonging to the following industries: 19 service (e.g., hair and beauty therapy, transport service hairdressers, bus drivers), 16 entertainment (such as cinemas and bowling alleys), 7 hospitality (including cafes and bars), and 8 retail industries (shops of various kinds).

The combined sample was reasonably representative of the Australian population in relation to education. A tertiary qualification (i.e., university degree) was held by 16.40% of the sample (versus 20% reported in the Australian population;

Australian Bureau of Statistics, 2005), 49.80% had been awarded a certificate or diploma (31%), and 33.40% of the respondents indicated high school as their highest level of educational attainment (49%). One participant did not provide information about education.

Instruments

Attitudes to Sexuality Questionnaire (Individuals with an Intellectual Disability)

(ASQ-ID). Data were collected using a revised version of the ASQ-ID (Cuskelly & Bryde, 2004) with the modifications made by Cuskelly and Gilmore (2007). High test-retest reliability ($r = 0.91$) and good internal consistency ($\alpha > 0.90$) have been demonstrated for the ASQ-ID (Cuskelly & Bryde, 2004). One version of the revised ASQ-ID measures attitudes towards the sexuality of adult males with an ID, whilst another measures attitudes towards the sexuality of adult females.

The questionnaire contains 34 items that respondents are instructed to answer “with respect to sexuality in males (females) with a mild to moderate intellectual disability” using a 6-point Likert scale on which 1 = *strongly disagree* and 6 = *strongly agree*. The questions cover aspects such as sexual feelings, sex education, masturbation, personal relationships, sexual intercourse, sterilisation, marriage, and parenthood. Some items are reverse scored so that higher scores indicate more positive or accepting attitudes. At the end of the questionnaire, space is provided for any additional comments that respondents wish to provide.

Cuskelly and Gilmore (2007) found little difference in attitudes pertaining to men or women with an ID, and identified four meaningful subscales: Sexual Rights (13 items, including “Sexual intercourse should be permitted between consenting adults with ID”), Parenting (7 items, such as “With the right support, women/men

with ID can rear well-adjusted children”), Non-Reproductive Sexual Behaviour (5 items, e.g., “Consenting adult men/women with ID should be allowed to live in a homosexual relationship if they so desire”), and Self-Control (3 items, including “Women/men with ID are more easily stimulated sexually than people without ID”).

Attitudes to Sexuality Questionnaire (Individuals from the General Population)

(ASQ–GP). A companion instrument, the ASQ–GP (Cuskelly & Gilmore, 2007) measures attitudes towards sexual expression in typically developing adults. The ASQ–GP is an abbreviated version of the ASQ–ID comprising 9 items that are applicable for typically developing adults. As with the ASQ–ID, the ASQ–GP measures attitudes towards sexual expression separately for each gender. Cuskelly and Gilmore derived two subscales: Sexual Openness (7 items) and Timing (2 items). The Sexual Openness subscale, used in the current study, contains questions about access to sex education and contraception (e.g., “Sex education for girls/boys has a valuable role in safeguarding them from sexual exploitation” and “Advice on contraception should be freely available to young men/women”), as well as freedom of sexual expression (e.g., “Girls/boys should be discouraged from masturbating”).

Procedure

Ethical approval for the study was granted by the Ethical Approvals Committee of Queensland University of Technology. Respondents were provided with an information sheet outlining the purpose of the research, potential benefits and risks, details about participation (including the voluntary and anonymous nature of their participation), and the contact details of the researchers. The return of the completed questionnaire was regarded as informed consent. Each respondent completed both the

ASQ–ID and the ASQ–GP in relation to either male or female sexuality. Despite equal distribution of male and female questionnaires, more questionnaires were returned about female ($n = 121$) than male ($n = 98$) sexuality. There was no apparent reason for this imbalance.

Results

Preliminary analyses

Age was found to differ significantly between the respondent groups $t(78.52) = 8.49$, $p < .001$. As shown in Table 1, leisure workers were significantly younger than support staff. However, respondent age was found to have no significant relationship with overall attitudes. Respondent gender and education level were also unrelated to overall attitudes.

Attitudes towards the sexuality of individuals with an ID

Respondents demonstrated generally positive attitudes towards the sexuality of individuals with an ID. The mean response to the ASQ–ID items for support staff was 4.73 ($SD = 0.52$), with scores ranging from 2.30 to 5.88. Leisure workers had a mean response of 4.76 ($SD = 0.48$), with a range of 3.74 to 5.71. Using an independent samples t -test, there were no significant group differences in overall attitudes towards the sexuality of individuals with an ID (support staff, $M = 160.67$, $SD = 17.63$; leisure workers, $M = 161.72$, $SD = 16.04$).

Mean total scores were calculated for the four ASQ–ID subscales (see Table 2) and compared across respondent groups. The two respondent groups did not differ significantly in their attitudes towards sexual rights, non-reproductive sexual behaviour, or self-control. However, there was a significant group difference in

attitudes towards parenting, with support staff holding more conservative attitudes than leisure workers, $t(93.24) = -2.49, p < .05$.

<Please insert Table 2 about here>

Attitudes towards parenting

Responses to items concerning parenting were separated from the other ASQ-ID items and the means of parenting versus non-parenting items were compared using a paired samples t -test. A significant difference was found for the support staff group $t(168) = -5.29, p < .001$. Support staff were less positive about parenthood ($M = 4.51, SD = 0.84$) than other aspects of sexuality ($M = 4.78, SD = 0.50$). No significant difference was found for the leisure worker group between parenting ($M = 4.81, SD = 0.71$) and other aspects of sexuality ($M = 4.74, SD = 0.45$).

Attitudes towards the sexuality of individuals with and without an ID

Following Cuskelly and Gilmore (2007), scores for the two Sexual Openness scales (7 items each) were calculated from the ASQ-GP and the corresponding ASQ-ID items. A paired samples t -test was used to determine whether attitudes towards sexual freedom differed for individuals with an ID and typically developing individuals.

A significant difference was found for both respondent groups. Support staff saw more freedom as acceptable for typically developing (TD) individuals than for individuals with an ID, $t(168) = 3.61, p < .001$ (TD, $M = 35.75, SD = 4.35$; ID, $M = 34.87, SD = 4.09$), as did leisure workers, $t(49) = 2.45, p < .05$ (TD, $M = 36.82, SD = 3.42$; ID, $M = 35.65, SD = 4.28$). Attitudes to the sexual freedom of individuals with

and without an ID were significantly correlated in both groups (support staff, $r = .72$, $p < .001$; leisure workers, $r = .63$, $p < .001$).

Attitudes towards male and female sexuality

A MANOVA was used to examine differences in attitudes towards men and women with an ID. Using the four subscales as dependent variables, there was a significant difference in the leisure worker group, $F(4, 45) = 3.80$, $p = .01$, and a trend towards significance for support staff, $F(4, 164) = 2.20$, $p = .07$. Subsequent univariate testing showed significant effects only for the self-control subscale (leisure workers, $F(1, 48) = 5.88$, $p = .019$; support workers, $F(1, 167) = 3.52$, $p = .062$), with males being seen as having less self-control than females (leisure workers, male $M = 13.52$, $SD = 1.91$, female $M = 14.74$, $SD = 1.65$; support staff, male $M = 14.29$, $SD = 2.53$, female $M = 14.96$, $SD = 2.06$).

Gender of the individual with an ID had a significant influence also on whether attitudes towards sexuality differed for individuals with an ID compared to typically developing adults. Respondents saw less sexual freedom as desirable only for females with an ID (support staff, $t(94) = 3.98$, $p < .001$, TD $M = 36.33$, $SD = 4.34$, ID $M = 35.01$, $SD = 4.06$; leisure workers, $t(25) = 2.36$, $p < .05$, TD $M = 37.01$, $SD = 3.90$, ID $M = 35.67$, $SD = 4.55$). In both respondent groups, there were no significant differences in attitudes towards sexual freedom for men with an ID compared to those without an ID.

Discussion

Consistent with previous studies of support workers (Aunos & Feldman, 2002; Bazzo et al., 2007; Brantlinger, 1983; Christian et al., 2001; Cuskelly & Bryde, 2004;

Murray et al., 1999; Murray & Minnes, 1994; Owen et al., 2000) and members of the general community (Cuskelly & Bryde, 2004; Cuskelly & Gilmore, 2007), the findings of this study show that support staff and leisure workers hold generally positive attitudes towards the sexuality of individuals with an ID. In most respects, beliefs about male and female sexuality are similar, but both groups of respondents see men with an ID as having less self-control over their sexual behaviour than do women, a perception that was also evident in Cuskelly and Gilmore's community sample.

Unlike earlier studies (e.g., Cuskelly & Gilmore, 2007; Murray et al., 1999; Oliver et al., 2002), attitudes are not associated with respondent age or education. The fact that the current sample contained fewer older participants and a smaller proportion with tertiary education than in many previous studies (e.g., Cuskelly & Gilmore, 2007) may account in part for the different results. The finding that respondent gender is unrelated to attitudes mirrors the results of prior research (Cuskelly & Bryde, 2004; Cuskelly & Gilmore, 2007).

With the exception of parenting, attitudes towards sexuality and ID do not differ between support staff and leisure workers. Thus, those who have direct and indirect influences on the lives of individuals with an ID appear to hold similar views. These findings parallel those of Cuskelly and Bryde (2004) who sampled those who were directly (i.e., support staff) and less directly (i.e., general community) involved with individuals with an ID.

On the subject of parenting, however, support workers are more cautious than leisure staff. Previous research has not compared the attitudes of those with direct and more indirect influences in relation to parenting, although it is known that the views of those with direct influence are conservative in this area (Brantlinger, 1992;

Cuskelly & Bryde, 2004; Wolfe, 1997). In the current study, support staff held more conservative attitudes towards parenting than other aspects of the sexuality of individuals with an ID, whereas leisure workers did not differ in their attitudes. These findings are consistent with the comparisons made by Cuskelly and Bryde (2004) in relation to support workers and members of the community. As these authors suggested, support staff undoubtedly have a greater awareness of the difficulties that adults with an ID are likely to experience as parents. Indeed, in the current study the topic of parenting elicited many additional comments from support staff who expressed concerns about the ability of parents with an ID to care for their children, the possible transmission of genetic disabilities, and lifestyle factors such as finances and health.

Both support staff and leisure workers consider a higher level of sexual freedom to be appropriate for those developing typically than for individuals with an ID. This view was evident also in Cuskelly and Gilmore's (2007) community sample but has not previously been examined in those whose attitudes have a more direct impact. Interestingly, however, this view applies only to women, suggesting that it is not the cognitive limitations, per se, that respondents see as restricting sexual freedom. The questions on the Sexual Openness scale relate to both the freedom to engage in various forms of sexual behaviour (e.g., masturbation or homosexual relationships) and also the right to access appropriate information and support (e.g., sex education and advice on contraception). The belief that less sexual freedom is acceptable or desirable for women with an ID than for women without an ID may be related to perceptions about female innocence and the need for greater protection because of increased risks of exploitation and abuse, whereas the same caution does not seem to apply to men. Of concern, however, is the fact that this view was

expressed not only by leisure workers, who have little direct experience of intellectual disability, but also by support workers who could be expected on the basis of their experience to have more awareness of the need for women with an ID to access information about sex and to be supported to express their sexuality appropriately and safely.

Limitations of this study include the relatively low return rate of questionnaires in the disability support group. It is possible, however, that fewer than 1,200 questionnaires were actually received by disability support staff, since the questionnaires were delivered in one package to the employer who then took responsibility for their distribution. In addition, the response rate may have been higher in the leisure and service industry group because disability research was more novel for those employees. Participants in this group were also younger and may have had more free time for answering questionnaires than the older disability support group, or they may have felt more comfortable about answering questions related to sexuality.

Despite the higher response rate, the sample of leisure workers was relatively small and unfortunately no data were obtained about the extent of their prior contact with individuals with an ID. Given the important implications of leisure worker attitudes for creating and maintaining positive social environments for people with an ID, and the potential influence of personal contact on attitudes, future research should endeavour to recruit larger samples of workers from leisure and service industries, and to assess their prior experiences. Consideration should be given also to exploring the views of other groups (e.g., police officers and medical practitioners) whose attitudes have the potential to influence opportunities for people with an ID to express their sexuality. Finally, general limitations of attitude research, particularly when

measuring attitudes related to disability and sensitive topics such as sexuality, include the tendency for respondents to report politically or socially correct responses and the fact that the extent to which these attitudes translate into actual behaviours is unknown. The development of alternative or additional methodologies for understanding attitudes towards disability would be of value. For instance, Kastner, Reppucci, and Pezzoli (1979) used a more naturalistic method when they assessed the views of residents who were led to believe that adults with an ID might be moving into a nearby house.

The findings of the current study have implications, both for disability services that provide direct support to people with an ID, and also for the various contexts in which individuals with an ID access services and spend their leisure time. In particular, the belief that women with an ID should be offered less sexual freedom than women without disability implies that information about sex may at times be withheld by support workers and that negative reactions may be displayed when women with an ID wish to engage in particular forms of sexual expression.

Comprehensive policies and procedures for addressing sexuality issues seem to be rare in disability services. Certainly, there are no such policies in the organisation from which the disability support workers were recruited for the current study. Without specific guidelines, it is likely that employee responses and reactions to sexuality issues are influenced to some extent by their personal attitudes and beliefs (Christian et al., 2001). Clearly, the provision of comprehensive policies, procedures, and employee training is essential if individuals with an ID are to be effectively supported to access normalised experiences in this important aspect of life.

With the exception of recreational contexts that cater regularly and specifically for groups with ID, service and leisure settings are unlikely to provide employee

training that incorporates disability issues. Antidiscrimination legislation has undoubtedly encouraged workers in these industries to try to treat individuals with an ID “just like normal people,” but an awareness of the difficulties that people with an ID may face when accessing leisure services is needed, as well as an understanding of their similarities to people without disability, such as in relation to their sexual needs and identities. Without this awareness, there may be misinterpretations of the behaviour of people with an ID, inappropriate feedback that undermines positive feelings about their own sexuality, and restricted opportunities to form meaningful relationships. Thus, the inclusion of disability issues as a mandatory component in the training of service and leisure industry employees would help to ensure that adults with an ID have appropriate opportunities to form relationships and to express their sexuality within community leisure settings.

Author note

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Table 1. Percentages of the two respondent groups in each age bracket

Age bracket	Support staff	Leisure workers
20–29	6.5	60
30–39	15.4	14
40–49	36.7	18
50–59	31.4	6
60–69	8.9	2
70+	0.6	0

Table 2. Means (standard deviations) for the four subscales in the two respondent groups

Subscales	Possible score range	Support staff		Leisu
		<i>M</i>	<i>SD</i>	<i>M</i>
Sexual Rights	13–78	62.49	7.27	61.10
Parenting	7–42	31.59	5.88	33.67
Non-Reproductive Sexual Behaviour	5–30	24.51	3.42	24.93
Self-Control	3–18	14.67	2.29	14.16